PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1459

| Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885 | | | | | | | |
|--|---|--|---|--|---|--|--|
| INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifics | s form should be used : correspondence includi- ted below or directed of | for transmitting the ISS ng the Patent, advance of therwise in Block 1, by (| UE FEE and PUBLICA' rders and notification of a) specifying a new corr | TION FEE (if requirements of maintenance fees very respondence address: | ired). Blocks 1 through vill be mailed to the cu and/or (b) indicating | h 5 should be completed where urrent correspondence address as a separate "FEE ADDRESS" for | |
| CURRENT CURRESPONDENCE ADDRESS (Noz: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 34263 7590 06/18/2008 | | | | | - | | |
| O'Melveny & Myers LLP IP&T Calendar Department LA-1118 400 South Hope Street Los Angeles, CA 90071-2899 | | | | I hereby certify that this Fee(c) Transmittsion I hereby certify that this Fee(c) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mall in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| Los Angeles, C. | A 900/1-2899 | | | Jocelyn L. Lee | | (Depositor's name) | |
| | | | | Jozh | - | (Signature) | |
| | | | | 9/11/08 | | (Date) | |
| APPLICATION NO. | FILING DATE | 3 | FIRST NAMED INVENTO | ıR | ATTORNEY DOCKET | NO. CONFIRMATION NO. | |
| 10/726,232 | 12/01/2003 | | Brian H. Moeckly | | 844,004-303 | 3720 | |
| | | U THIN FILMS BY RE | • | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSU | E FEE TOTAL FEE(S |) DUE DATE DUE | |
| nonprovisional | YES | \$720 | \$300 | \$0 | \$1020 | 09/18/2008 | |
| EXAMINER ART UNIT | | | CLASS-SUBCLASS | | | | |
| | KALLAMBELLA M | 1793 | 252-500000 | | | | |
| Change of correspond CFR 1.363). | lence address or indication | on of "Fee Address" (37 | 2. For printing on the patent front page, list Vista IP Law Group LLP | | | | |
| Change of corresp Address form PTO/S | condence address (or Cha B/122) attached. | ange of Correspondence | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | |
| | lication (or "Fee Address 02 or more recent) attack | s" Indication form hed. Use of a Customer | (2) the name of a single firm (having as a member a 2-registered attorney or agen) and the names of up to 2-registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. | | | | | | | |
| (A) NAME OF ASSI | | B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | |
| | NDUCTOR OGIES, INC. | | Santa Barbara, CA | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | |
| 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 1 Issue Fee 1 A check is enclosed. | | | | | | | |
| Publication Fee (No small entity discount permitted) | | | | credit card. Form PTO-2038 is attached. | | | |
| Advance Order - | # of Copies | | The Director is here overpayment, to Der | by authorized to cha posit Account Numb | rge the required fee(s), a | any deficiency, or credit any lose an extra copy of this form). | |
| | atus (from status indicate | | □ b. Applicant is no lo | | | | |
| | | | | | | t; or the assignee or other party in | |
| Authorized Signature | 2.11 | od.Alr | <u> </u> | Date | 9/11/2008 | | |
| Typed or printed nam | | I S. Davidson | | Registration I | 10 | ,577 | |
| This collection of inform an application. Confider submitting the complete this form and/or suggest | nation is required by 37 of stiality is governed by 35 d application form to the ions for reducing this bu | CFR 1.311. The informati 5 U.S.C. 122 and 37 CFR c USPTO. Time will var- arden, should be sent to the | on is required to obtain on 1.14. This collection is a y depending upon the induced the Chief Information Office | r retain a benefit by estimated to take 12 lividual case. Any co icer, U.S. Patent and | the public which is to fi minutes to complete, in omments on the amount Trademark Office, U.S. | le (and by the USPTO to process) cluding gathering, preparing, and t of time you require to complete Department of Commerce, P.O. | |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.